



SALZBURG
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Rethinking Care Toward the End of Life

Thursday, December 15, 2016

Join in online!

If you're interested in writing either an op-ed style article for our website or the session report, or a personal reflection blog post while you're here this week, please let Salzburg Global Editor, Louise Hallman know or email your submission directly to lhallman@salzburgglobal.org.

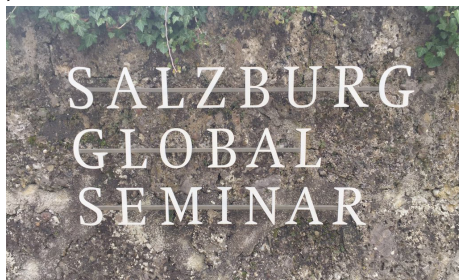
If you do intend to write for your own organization either while you're here or after the session, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, do not hesitate to contact Louise.

We'll be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on the session page: www.SalzburgGlobal.org/go/562

You can also join in the conversation on Twitter with the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and see all your fellow Fellows and their organizations on Twitter via the list [www.twitter.com/salzburgglobal/lists/SGS-562](https://twitter.com/salzburgglobal/lists/SGS-562)

We're updating both our Facebook page www.facebook.com/SalzburgGlobal and our Flickr stream www.flickr.com/SalzburgGlobal with photos from the session during this week and also after the session. (If you require non-watermarked images for your own publication, please let Louise know.)

We will also be posting photos to Instagram www.instagram.com/SalzburgGlobal. Use the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and we might feature your photos in the newsletter!



@DrGregorSmith: Privilege to be participant @SalzburgGlobal Rethinking Care towards End of Life. Great conversations already



Al Mulley, Agnes Binagwaho, David Currow and Irene Higginson

How to enjoy a “healthy death”

Where do we want to see the field of palliative care in ten years? This was the opening question at the Salzburg Global Seminar session *Rethinking Care Toward the End of Life*.

To consider where we want palliative care to be in ten years' time, we need to first consider what the population will be like in ten years' time, suggested one panelist on the opening panel, who together brought expertise from Australia, Rwanda, the UK and the US.

Many countries' populations are aging rapidly. Co-morbidities are also on the rise as people suffer from more than one condition at a time. Both factors will place strain on existing health care systems. As another participant put it: We've become so successful at preventative and curative care, we now need to address palliative care and ensure that, as well as living a healthy life, we can also die a “healthy death.”

How can we have a good life and healthy death instead of a prolonged life and painful death? Society has become so fixated on living as long as possible that they have forgotten that dying is also part of life, remarked another panelist.

The stigma surrounding death needs to be tackled, much like the stigma surrounding HIV/AIDS has been. To do this we need a societal shift in attitudes.

Society has proven it can profoundly change its behaviors in the past; that smoking would be such a societal taboo was unthinkable a generation ago.

How can we accomplish this shift? It will take both a top-down, policy-based approach, as well as bottom-up, grassroots engagement, with both ends demanding change in the current health care system. One must also not forget the health care professionals in between these two approaches. “We need doctors who can talk about death,” said one participant, rather than induce fear. Palliative care is too often an add-on rather than central to a dying patient's care. Engaging palliative care doctors *before* oncologists, for example, may help to treat the *whole* patient.

Central to the debate on palliative care is the patient and their wants and needs. “I do not want others to have what I do not want to have,” said one panelist. In many countries, dying in hospital is a status symbol and proof of the value a family places on their loved one's life. However, many people would prefer to die in comfort at home; families and doctors need to understand and meet the patient's own preferences.

Achieving these societal and professional shifts is no small undertaking. The experts gathered in Salzburg this week have much to consider and debate.



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Hot Topic: “What do you hope for palliative care in ten years’ time? What do we need to do to get there?”

Chris Hammil-Stewart & Yeji Park

“Incremental change would not be sufficient to reach the kind of state where people can have access to palliative care that supports people to achieve what they want as life reaches its end – this could be called a good death or a healthy death. It would take not even transformation, but a revolution to achieve that within a decade. There are so many potential actors who can begin the initiative. Wherever it starts, it would have to be coordinated and strategic in order to achieve what we need to.”

Albert Mulley

Managing Director, Global Health Care Delivery Science at the Dartmouth Institute for Health Policy and Clinical Practice, USA

“In ten years, I want to see death integrated with life, and palliative care not being a side discipline but rather an integration of death as part of normal life... It’s going to take a revolution, but with cultural specificity acknowledging the different cultures. In other words, it’s not going to take the same face in the United States, in Rwanda, in France, in Germany, and so on.”

Veronique Roger

Medical Director of the Center for the Science of Healthcare Delivery, Mayo Clinic, USA

“We need to create an enabling environment for healthy death, so that when the time to leave the world comes, we can die in dignity surrounded by what we like, not in the cold, white environment of a hospital. For this to happen, we need a cultural recovery to readmit death with dignity as part of the ordinary life. To reach that, we need to have national debate about it, led by spiritual and community leaders, and we also need to educate all clinicians to respect death and to stop being afraid of it.”

Agnes Binagwaho

Professor, University of Global Health Equity, Rwanda

“In an ideal world, palliative care will have changed its role substantially in ten years. The expectation in the community is that if you have a life-threatening illness, you will get good palliative care, from primary and specialist care, and, if your needs are particularly complex, from specialized palliative care service. That’s going to take a grassroots revolution to occur, for communities to start asking for good palliative care. It’s going to take an enormous change to achieve that in ten years, though.”

David Currow

Chief Cancer Officer and Chief Executive Officer at Cancer Institute NSW, Australia

“I think health care has to change to keep up with aging populations, treatments that keep people alive longer, and it should start looking after people with mixed conditions as the norm, not the exception. Palliative care needs to be adjusted to follow these changes – it should become mainstream, not just an additional luxury. Palliative care should help people live well, by adding life to years, and health to years rather than just prolonging dying. I think to get there we need a complete turnaround in how we think of health care.”

Irene Higginson

Head of Department, Cicely Saunders Institute, King’s College London, UK

Want to join the conversation?
Tweet @SalzburgGlobal using the hashtag #SGSHealth

Have an opinion on any of our hot topics this week?

Email Salzburg Global Seminar Editor
Louise Hallman
(lhallman@salzburgglobal.org)
with either a short 50-100 word response or a 500-750 word article and we will consider it for publication in the report to be published in early 2017!



#FacesOfLeadership

“In Rwanda, we were able to establish an equitable health sector by sharing the social capital equally. More than 90% of Rwandans have health insurance, and more than 93% of children are vaccinated against 11 antigens. We have universal access to HIV treatment, and the result of our TB treatment is among the best on earth.

“This was only possible because we have built our health sector where health is not the only silo. We have taken other social determinants into account and built a health sector with the sector in charge of gender, local governance, and education. We have created a system of multi-stakeholders’ intervention in synergy and harmony, inside of a multi-sectoral approach.”

Agnes Binagwaho

Professor, University of Global Health Equity, Rwanda

Agnes Binagwaho explains how, as Minister of Health in Rwanda from 2011 to 2016, she was able to contribute to building an equitable health sector in Rwanda. As a pediatrician and having served in the public health sector in Rwanda for 20 years, Agnes has been awarded many renowned prizes for her contribution to improving the health of children.

Read more profiles in our series of #FacesOfLeadership online:
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